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High Point Parks &
Recreation, NC



ALLEN JAY RECREATION CENTER

ALLEN J BIRD

SUMMER CHEER CAMP

**SUMMER CHEER CAMP - 2011
FOR AGES 6 - 12**

**Our very special summer day camp program
is designed with your child in mind!**

Sure you want your children to enjoy their summer vacation, but you also want to know they are safe and secure while having fun as they make new friends and gain new skills.

Our skilled staff is professionally trained and eager to help your children meet their richest potential.

REGISTRATION

April 1 – June 20, 2011

During operational hours

The registration fee, Immunization form, and a completed application are required for registration of each Camp member.

**High Point Parks & Recreation
www.highpointnc.gov/pr**

ABOUT THE ALLEN J BIRD SUMMER CHEER CAMP.....

This is a fun, exciting and challenging learning environment. Students will learn the traditional form of cheerleading. This camp will give your child a structured environment that will challenge them both mentally and physically.

ALLEN JAY RECREATION CENTER **1073 E. SPRINGFIELD ROAD**

Phone: 883-3509
Days/Time: Monday-Friday, 8:00am-1:00pm
June 20 – July 1, 2011
Ages 6-12
\$50.00 per person

A minimum of 6 registered participants needed.

Please print all information eligibly.

Member's Full Name	Birth Date	Age	School & Grade (2011-12 School Year)
Home Address	City	Zip	T-Shirt size
Mother's Name	Home Phone	Employer	Work Phone/Pager/Cell/Ext.
Father's Name	Home Phone	Employer	Work Phone/Pager/Cell/Ext.
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Person(s) Authorized To Pick Up Child(ren) Other Than Parents (Please include relationship to family):			

Are there any physical/emotional conditions, special needs, medications, or any other general information about which we need to be informed? ☐ No ☐ Yes

If yes, please explain _____

Photographic Consent: ☐ I do ☐ I do not give permission to have my child appear in any media coverage approved by the High Point Parks & Recreation Department. I understand that the Facility Director, in conjunction with the Recreation Supervisor, has been given the authority to determine appropriate requests.

I have received a copy of the Allen J Bird Summer Cheer Camp registration packet and agree to adhere by it.

Wavier: I certify that my child(ren) is/are able to participate and hereby give my approval for the above-named Child(ren) to participate in any and all Y.E.S. activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the High Point Parks & Recreation Department, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby release authorization for medical treatment.

Parent Signature/Date: _____



General Record and Statement of Child's Health For Admission to Child Day Care Facility - 2011

Instructions: This form is to be completed for each child at the time of enrollment in the child day care facility and maintained on file at the facility.

General information to be completed by parent or guardian only. Enrollment Date: _____

Child's Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Name of Parent or Guardian: _____

Name of Person(s) Responsible if parents are unavailable:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s) Home: _____ Cell: _____

Is child currently enrolled in school? ☐ Yes ☐ No

Name of Family Physician or Health Resource _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

(Health Information on Next Page Must Be Completed)

HEALTH INFORMATION: (COMPLETED BY PARENT OR GUARDIAN ONLY)

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS; SUCH AS ALLERGIES, ASTHMA, DIABETES, EPILEPSY, ETC., AND/OR TAKES THE FOLLOWING MEDICATIONS ON A REGULAR BASIS.

ADDITIONAL COMMENTS: _____

CERTIFICATE OF IMMUNIZATION ATTACHED: ☐ Yes ☐ No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE _____ (Name of Child) IS IN GOOD MENTAL AND PHYSICAL HEALTH AND ABLE TO PARTICIPATE IN THE CHILD CARE PROGRAM AT _____ (Name of Facility)

SIGNATURE: _____ **DATE:** _____
PARENT(S) OR GUARDIAN(S)

SIGNATURE: _____ **DATE:** _____
DIRECTOR/OR STAFF

PARENTAL CONSENT FOR MEDICATION

To be used on an as need basis. One form for each medication.

We, the undersigned parents/guardians of the below named child, request that the medication we have delivered to the named facility be administered in the following manner:

The medication was delivered to the above named facility in the original container and was prescribed by:

Physician's name: _____

Physician's address: _____

Physician's Telephone: _____

Date Received at facility: _____

Facility: _____

Child's Name: _____

Name of medication: _____

Dosage to be given: _____

Time last dose was administered by parent: _____ am or pm (circle one)

Time medication is to be administered by staff: _____

(Be specific: Ex. Immediately following lunch, 12:00 noon, prior to outdoor activity, etc.)

Days medication is to be given: _____

Date Administered	Staff's Name	Time Medication Given	Dosage Given